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ARCHITECTURAL REVIEW BOARD APPLICATION

(Code Sections 153.170-153.187)

		PLEASE CHECK THE TYPE OF APPLICATION
Y OF DUBLIN.	☐ New Construction	
Land Use and	I waw construction	Roof, Door or Window Replacements or Additions
Long Range Planning 5800 Shier-Rings Road Dublin Ohio 43016-1236 one/ TDD: 61 4-41 0-4600 Fax: 61 4-41 0-4747 Sile: www.dublin.oh.us	☐ Building Addition	Gutter and Downspout Replacements or Additions
	☐ Demolition	
Sile www.dubist.on.us	Signage and Lighting	External Mechanical Equipment (AC units, vents, HVAC, etc.)
	☐ Re-painting	_
	☐ Landscaping (Non-Residential)	Parking, Paving and other Hard Surfaces
	☐ Re-siding	Other (Please Specify) Extension of
		stone wall along street frontage
II. PROPERTY INFORM	MATION: This section must be completed.	
Property Address(es):	8055 Dublin Road	
Tax tD/Parcel Number(s):		Parcel Size(s) (Acres):
273-000569	1-00	2.88
Existing Land Use/Develop	pmont: Residential - one-family	dwelling
	IF APPLICABLE, PLEASE COMPLETE	THE FOLLOWING:
Proposed Land Use/Develo	opment:	
IL CURRENT PROPER	RTY OWNER(S): Please attach additional sheets	M needed
Name (Individual or Organi	ization): Stephen R. & Lucia F. D	. Cosslett
Mailing Address: (Street, City, State, Zip Cod	(e) 8055 Dublin Road, Dul	blin, OH 43017
Daytima Telephone: 6	14-638-5851 Fax:	
Email or Alternate Contact	Information: Scosslet @ columbus. r	r. com
	***************************************	FILE COPY
		DECEMEN
		RECEIVED

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part iil. Please complete if applicable. Name: Applicant is also property owner: yes 🗌 no 🔲 Organization (Owner, Developer, Contractor, etc.): Mailing Address: (Street, City, State, Zip Code) Daytime Telephone: Fax: **Email or Alternate Contact Information:** V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable. Name: Organization (Owner, Developer, Contractor, etc.): Mailing Address: (Street, City, State, Zip Code) Daytime Telephone: Fax: **Email or Alternate Contact Information:** VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized. _ the owner, hereby authorize to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative. Signature of Current Property Owner: Date: Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document Subscribed and swom before me this ______ day of ______, 20 _____ State of __ Notary Public _____ County of ____ VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application. Stephen R. Cosslett , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application. Stephen R. Coplett Signature of applicant or authorized representative:

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for rezoning by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant. , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant. Stepher R. Cox lett Signature of applicant or authorized representative: Date: IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized. Cosslett the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief. Date: Signature of applicant or authorized representative: State of Chic Heather L. Tracy Notary Public, State of Ohio County of Franklin Comm. Expires January 17, 2015 NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSIMILE CONFIRMING FOR OFFICE USE ONLY ARB Date(s): ARB Action: Application No: **Amount Received: Date Received:** Received By: Receipt No: Map Zone: Type of Request: W (Circle) Side of: N, S, E.W (Circle) Side of Nearest Intersection: Distance from Nearest Intersection: Submber Pepidetral Destrot

Existing Zoning District: